

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/508665

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
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49							99						
50							100						
TOTAL DOB		↓		↓		↓	TOTAL DOB		↓		↓		↓
TOTAL SEP.		←	8	←		←	TOTAL SEP.		↓		↓		↓
TOTAL CLAIMS		←	9	←		←	TOTAL CLAIMS		←		←		←